



Call to Order

Brad Pickhardt, MD, FACS called to order the regular meeting of the State Trauma Care Committee at 1200 noon on August 14, 2013 in Helena, MT.

Roll call

Roll call was conducted and the following persons were present:

Elaine Schuchard, Brad Pickhardt, Lauri Jackson, Leah Emerson, Joy Fortin, Becky Arbuckle, and Tim Sinton

Via teleconference; Dennis Maier, Justin Grohs, Chad Engan and Sid Williamson

Absent; Harry Sibold, and Freddy Bartoletti

Guests; John Bleicher, Randi Koehn, Gail Hatch, Megan Hamilton, Traci Jasnicki, Lyndi Gurchiek, Robin Suzor, Shari Graham, Bobbi Perkins and Jim DeTienne

Introductions/Welcome

Review/Accepted Previous Minutes

Brad Pickhardt, MD, Chair

Meeting reviewed from May 15 , 2013 and approved.

RTAC Reports

Central RTAC

Lauri Jackson

Meeting reviewed from July 18, 2013

Eastern RTAC

Brad VonBergen/Randi Koehn

Meeting reviewed from June 13, 2013

Western RTAC

John Bleicher

Meeting reviewed from July 12, 2013

TRAUMA SYSTEM REPORT

Jim DeTienne

Member needed: MHA Representative

ATLS COURSES; Expanding roster to total of 18 students/course to include; 2 more refreshers and 2 more Physicians/Physician Extenders. ATCN course runs in conjunction with ATLS during November Billings course.

2013 ATLS course dates;

November 1-2	Billings
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2014 ATLS course dates;

Feb 28-March 1, 2014	Great Falls
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April 4 & 5, 2014	Billings
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May 9 & 10, 2014	Missoula
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November 7 & 8, 2014	Billings
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There is a new ATLS Version 9 with student and Instructor materials issued. There currently is not an on-line version of ATLS and ACS is not sure when that new product will be available. Montana has asked to be a Beta Site for the on-line version, but have not received any updates. New content for ATLS Version 9 includes; addition of heat injuries to thermal chapter, content on balanced resuscitation, new moulage/initial patient assessment, triage scenarios and FAST exam to be placed in Abdominal Trauma lecture and demonstration in Surgical Skills.

ATLS Instructor Course; September 27 and 28, 2013 at St. Vincent Healthcare in the Manfield Center. Funds from Rural Flex Grant and donations from Benefis Healthcare, St. Vincent Healthcare and Billings Clinic.

Designation Activities

Re-designations;

Dillon (8/9)	TRF
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Ronan (10/11)	CTF
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Polson (10/12)	CTF
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Big Timber (11/6)	TRF
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Ennis (11/7)	TRF
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Terry (9/27) TRF

WSS (7/19) TRF

Havre (11/15) CTF

Providence St. Patrick Hospital (4/18&19) RTC

Plus several focused reviews

DESIGNATED MT TRAUMA FACILITIES: 42!

9 Non-CAH, 32 CAH, 1 Clinic

ACS Level II/MT regional TC = 4

ACS Level III/MT Area TH = 3

MT Area TH = 1

Community Trauma Facility = 8

MT Trauma Receiving Facility = 26

2013 Rocky Mountain Rural Trauma Symposium, September 12 & 13, 2013 in Great Falls at the Best Western Heritage Inn, CRTAC hosting.

MT Trauma System Conference, Wednesday September 11, 2013 in Great Falls at the Best Western Heritage Inn

Web-based Collector- It's here

Goals;

Eliminate paper abstract submission process

Improve data accuracy

Provide method for internal data reporting

NHTSA Funds obtained, Digital Innovations designing abbreviated web-based version of Collector

Orientation of regional "super users"

Using the "Test" version

Facilities not currently submitting will be expected to implement process now that there's a better tool

Hopefully roll out this Fall and Winter of 2013!!!

Central Trauma Registry

Non-participating, inconsistent facility submissions

Different data analysis

State will no longer be providing case feedback for PI, allowing facilities to review/identify own PI issues, which will mature/develop local PI processes

The goal is to go to a total web-based system over time

Rural Flex Grant Funds

Coding Modules for E-coding: ICD9 Coding, procedures and diagnosis coding

Conduct WebEx sessions, record and post on website for review

Support for surgeon site reviews for CAHs

Printing of the Montana Trauma Treatment Manual

ATLS Instructor Course, September 27 & 28, 2013 in Billings

Montana Trauma Treatment Manual

Emulate ND Trauma Treatment Manual;

<http://www.ndhealth.gov/trauma/resource/default.asp?ID=353>

STCC Education Subcommittee working on components

Will print and submit to each facility as well as post on-line for all to download and use for:

Trauma Patient Care

Orientation of new staff and physicians

Orientation of Locums providers and traveler staff

Continuing Education template

CASE REVIEW TEMPLATE; use as guidelines for reviewing cases

HHP

awarded FY 13 \$1,456,039 which is a **\$53,841 reduction from FY12**

Funding to hospitals will be scaled back a bit with support for travel and education opportunities provided by HPP

Applications for funding and guidance sent out deadline to submit application 8/23/13

Level II and Level III eligible for \$30,000

All others - \$15,000

Awards are made in 2 payments with 1st half upon approval of application,

2nd half upon receipt of mid year report

Deliverables;

Establishing strong community based planning processes and using community internal HVAs to guide planning and mitigation activities

Complete the ACEP Hospital Disaster Preparedness Assessment to help identify individual and statewide gaps in response capabilities

Educational opportunities for HPP FY13;

Basic Disaster Life Support (BDLS)

Advanced Disaster Life Support (ADLS)

Advanced Burn Life Support (ABLS)

Will place on applications and course information on the EMSTS website

System Issues

Pediatric Neurosurgery availability

Bariatric Trauma patients; a new Pilatus PC-12 bariatric (650#) FW aircraft, STAT-Air, Glasgow and Valley Med Flight, Williston and Grand Forks, ND, and Kalispell/ALERT FW

Air Medical Activation guidelines, guideline cards available

Interfacility transfer issues

Anticoagulated trauma patients; ERTAC provided a nice handout most current anticoagulants used

Hypothermia/Normothermia philosophy; DOCUMENT TEMPS

IV Fluid resuscitation; DOCUMENT AMOUNT AND TYPE OF IV FLUIDS ADMINISTERED

Updated MT Trauma Decision/TTA criteria and cards available

Air/Ground radio channel communications; DRAFT of communications cards to Air Medical Workgroup for feedback and Jim stated he would get this drafted and make a priority

Preventable Mortality Study

Traumatic deaths for 2008

1008 initial cases

Included study cases = 430

Reviewed to date = 430

Abstracting and analyzing the data

Front Runner issues so far;

Lack of consistency in EMS documentation on deceased patients

Differences in trauma care for elderly patients; comorbidities, medical care

What constitutes a "Futile Resuscitation"

Language change; Preventability vs Anticipated/Unanticipated deaths

EMS System

Pentaho reporting system for running reports to analyze data

PHTLS

Instructor classes: Billings, Missoula, Cutbank

30 new PHTLS Instructors

120 new PHTLS providers

Next course: September 28-19, 2013 in Sidney

Funding for 2013/2014

Emergency Medical Dispatch

Cascade County, Flathead County, Liberty County

BOME Medical Director Subcommittee recommending that the BOME has no authority over EMD. Recommends that local Medical Directors oversee.

BOME

Medical Director subcommittee has made available the BOME TXA administration . The committee will put forth a TXA protocol for across the state for all facilities and for use by qualified EMT's and Paramedics.

EMS for Children

National Pediatric Readiness Project

A multi-phase on-going Quality Improvement (QI) initiative to ensure that all U.S. EDs have the essential guidelines and resources in place to provide effective emergency care to children.

Based on: "Joint Policy Statement Guidelines for Care of Children in the ED" (published in Pediatrics, October 2009).

Partnership-the American Academy of Pediatrics (AAP), the American College of Emergency Physicians (ACEP), Emergency Nurses Association (ENA); Hospital Corporation of America

Assessment administered through a secure web-based system

<http://www.pediatricreadiness.org/>

Need at LEAST 80% response rate: As of 5/14 MT=56.7% response rate=34/60 hospitals

Hospitals- receives immediate feedback

(80/100 score or above score deemed "Pediatric Ready.")

SPROC GRANT (State Partnership for Regionalization of Care)

EMS can transport a child to any ED regardless of geographic location knowing that it has baseline readiness with medications, equipment, policies, and training to provide effective emergency care to stabilize a child.

Facilities that cannot care for critical pediatric patients linked to a broader regional system to provide seamless access to pediatric-specialty treatment whenever needed

Finding creative ways to share medical expertise and resources to medically manage and treat the patient locally.

HRSA 4 YR GRANT-6 States-NM, AK, PA, AZ, and MT

MT EMSC contract with St. Vincent's Hospital (Billings)

Partners: State Office of Rural Health/Regional AHEC; Billings Area IHS; MHA (MHREF – FLEX program) Children's Hospital of Denver

Populations: Indian tribal communities ; Hutterite ; Rural and frontier communities with the initial focus in eastern MT then continuous expansions across MT by year four.

EMS and Trauma News:

Jim DeTienne

The office will take over promotion of Organ Donation for the State. There are monies available and Jim will contact Life Center Northwest and case managers from the Level 2 facilities to ask about best ways to advertise for Organ Donation and what they feel is needed.

Jim will take the lead of making the Air to Ground radio frequency communications a priority and look at offering education across the State to EMS, Fire, Dispatch, Air Medical Transport Agencies and Law Enforcement to that everyone is using the proper channel for communication.

Jim will also prepare a list of Air Medical Flight Services licensed in Montana and provide transport to a facility and what their capabilities are. Billings facilities have had trouble with getting patient care reports from these facilities.

Injury Prevention

Bobbi Perkins

Firework related injuries – June 2013

Injuries Among Adults 65+ - August 2013

Coming.....Burden of Injury Report - 2nd Edition – Dec 2013

All reports are available at <http://www.dphhs.mt.gov/ems/prevention/index.shtml>

MT Poison Center Program

Approximately 20,000 calls are made to the Poison Center each year

58% of all exposures occur in children under age 6

74% of exposure calls are managed on site saving \$4 million in healthcare costs annually

Prescription Drug Registry – online inception Nov 2012

695 pharmacies

3.1 million prescriptions in the database

Over 485,000 patients in the database

DUI Task Force strategies

Increased awareness of potential impairment with prescription meds when driving

Injury Prevention Coalition

Thursday, October 22nd , 10a- 2:00p

Fall Prevention Workgroup

Friday, September 20th , 10a-11:30a

MT Seat Belt Workgroup

Thursday, September 5th , 10a-11:30a

Bobbi also asked the group about the use of SBIRT in the facilities. There is renewed momentum by MDT and AMDD to start exploring how to move forward in the healthcare and community settings.

RTAC Reports

CRTAC; July 18, 2013 meeting with RMRTS planning prior to the meeting. There were three cases presentations.

Lauri Jackson

ERTAC; June 13, 2013. with 3 case presentations.

Randi Koehn

WRTAC; July 12, 2013. 3 case presentations. Report of Verification visit, documentation of PI, report of Spring Fever

John Bleicher

Subcommittee Reports

Performance Improvement Committee/EP

Brad Pickhardt

Recommend that Crow Agency and Colstrip Medical Center be fully designated as Trauma Receiving Facilities.

Recommendation that Billings Clinic be re-designated as a Regional Trauma Center.

Recommend designation for the remaining two years for Mountainview Medical Center as a Trauma Receiving Facility.

Montana Trauma Facility Resource Criteria were completely evaluated and a few changes made. It will be presented at the Montana Trauma Systems Conference in September.

Education Committee**Lauri Jackson**

Education committee will develop a State guideline for facilities for the use of TXA. Dr. Engan to draft a guideline/protocol for all facilities to use.

Education committee looked at revisions for the TEAM course and have made assignments after they heard about the Rural Trauma Team Development Course and decided to continue with revision of the TEAM course which they felt benefited our system and facilities.

Dr. Engan from Benefis Healthcare provided his facility's TXA protocol.

Public Comment

None received

Adjournment

Brad Pickhardt adjourned the meeting

The next State Trauma Care Committee meeting will be held in Helena, November 13, 2013 in Helena.